

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY '07 JAN 12 A10:46

STATE OF HAWAII STATE ETHICS COMMISSICE

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Markle	Joanna	J.H.	808-547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			808-547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Filt in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			808-547-5600
MAILING ADDRESS (Street)			FAX
Same as above.			808-547-5880
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LO	TELEPHONE		
MultiState Associates on be	703-684-1110		
MAILING ADDRESS (Street)	FAX		
515 King Street, Suite 300	703-684-7912		
(City)	(State)	(Zip Code)	
Alexandria, VA 22314			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Carrie E. Calvin	703-684-1110		
MAILING ADDRESS (Street)		FAX	
515 King Street, Suite 300		703-684-0717	
(City)	(State)	(Zip Code)	
Alexandria, VA 22314			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	☐ Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	Health	 Planning, Land & Water Use Management 	Other: (indicate below) Taxation		
DECOLOGY, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
DADTIV CERTIFICATIO	N OF LODDY'ST				
	N OF LOBBYIST	·			
I hereby certify that the	e information furnished abov	ve is, to the best of my knowled	ige, correct and complete.		
4	ITIMA SH-		(10-1000)		
-	(Signature of Lobbyist)		(Date)		
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PART V AUTHORIZATI	ON TO LORRY				
NAME	011 10 10001	TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
Paul W. Hallman	President (MultiState Associates Inc.)				
NAME OF ORGANIZATION (if a	nnlicable)		TELEPHONE		
MultiState Associates on behalf of U.S. Smokeless Tobacco Co.			703-684-1110		
Willistate Associates of	i beliall of 0.5. Substant	ess londer col	703-004-1110		
MAILING ADDRESS (Street)			FAX		
515 King Street, Suite 300			703-684-7912		
(City)	(State)	***************************************	(Zip Code)		
Alexandria, VA 22314					
thereby authorize the above framed person to engage in lobbying activities on behalf of the undersigned.					
(Signature of Au	uthorizing Officer or Person Repre	sented)	(Date)		

LREG 03/2005